OFFICE OF CANNABIS POLICY
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Medical Use of Cannabis Program

Patient Transaction Log

Minors must complete designation forms.

Section 1: Caregiver Information		
Registered Caregiver Name:		
DBA/LLC, if applicable:		
Dispensing/Retail Address:		
City:	State:	Zip:

Section 2: Patient Information/Transaction Log					
License/Photo ID	Patient Certification ID Number	Medicine Type/Form	Amount (Up to 2.5 oz)	Time	Date

This form is provided as a sample and courtesy to registered caregivers, registered dispensaries, cannabis testing facilities, and manufacturing facilities to assist them in complying with the record keeping requirements of 22 MRS § 2430-J.

The use of this form is not required; however, the information requested must be maintained in some form by program registrants.